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DEC 2 1 2004

Attorney Docket No.: 6248.200-U\$

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Andersen et al.

Serial No.: 10/068,224

Group Art Unit: 3728

Filed: February 5, 2002

Examiner: Jimmy G. Foster

For: Composition for IVF

## CERTIFICATE OF FACSIMILE TRANSMISSION 703-872-9306

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir.

I hereby certify that the attached correspondence comprising:

- 1. Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b) (2 pages)
- 2. Petition for Revival of Application Fee Transmittal (in duplicate)
- 3. Amendment After Final Office Action (5 pages)

was sent to the United States Patent and Trademark Office by telefax to the attention of Examiner Jimmy G. Foster, fax number (703) 872-9306.

Respectfully submitted,

Date: December 21, 2004

Csaba Attila Szakolczai Novo Nordisk® Inc. 100 College Road West Princeton, NJ 08540 (609) 987-5800

Date December 21, 2004

Under the Paner	waik Reduciloo <u>As</u>	nd 1995 no a	nemona ara renulirad tr	) reanond (o	IS Patent and To	ademark Offi	cn: U.S. DEPAI	PTQ/\$8/17 (12-04v2) /31/2006. OMB 0651-0032 RTMENT OF COMMERCE valid OMB control number	
Effective on 12/08/2004.					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4918).				Applic	ation Number	10/068,224			
FEE TRANSMITTAL				Filing	Date	February 5, 2002			
For FY 2005				First N	lamed Inventor	Andersen, Tina M.			
					ner Name	Foster, Jimmy G.			
Applicant claims small entity status. See 37 CFR 1.27					it	3728	3728		
TOTAL AMOUNT OF PAYMENT (\$) 1,500,00					ey Dockel Na.	6248.200-US			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
	Deposit Account Deposh Account Number: 14-1447 Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
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Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)  Small Entity Fee (\$) Fee (\$)  200 100 180 Multiple Dependent Claims									
- 20 or HP = X									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = /50 = /									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing surcharge): Petition For Revival of Application 1,500.00									
SUBMITTED BY						·			
Signalure	/Len S. Smith/			Registra (Attorney/	ion No. Agent) 43.139		Telephone 6	09-919-7760	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidenitality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Len S. Smith, Registration No., 43,139

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Approved for use through 07/31/2006. OMB 0851-0032

PTO/SB/17 (12-04v2)

1,500.00

U.S. Petent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995 to nemons are required to reasoned in a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 ses pursuent to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/068,224 **Application Number** RANSM February 5, 2002 Filing Date

First Named Inventor For FY 2005 Andersen, Tina M. Examiner Name Foster, Jimmy G. Applicant chaims small entity status. See 37 CFR 1.27 **Art Unit** 3728 (\$) 1,500° 000 6248.200-US TOTAL AMOUNT OF PAYMENT Attorney Docket No METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): Credit Card Deposit Account Deposit Account Number: 14-1447. Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(a) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Cradit card information should not be included on this form. Provide cradit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity** Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) 200 100 500 250 300 150 Utility 100 130 65 200 100 50 Design 160 80 300 200 100 150 Plant 500 600 300 Reissue 300 150 250 200 O 0 100 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (S) Fee <u>(\$)</u> Fee Description 50 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissucs) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claima Extra Claims Fea (\$) -3 or H₱ ■ HP = highest number of Independent datms paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small cnuty) for each additional 50 Fee Paid (\$) (round up to a whole number) / 50 = Fees Paid (\$) 4. OTHER FEE(S)

SUBMITTED BY		······································	
Signature	/Len S. Smith/	Registration No. (Allorney/Agent) 43,139	Telephone 609-919-7760
Name (Print/Type)	Len S. Smith, Registration No., 43,139	T. H. Province	Date December 21, 2004

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Pethlon For Revival of Application

This collection of information is required by 97 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## Please use the following customer number for all correspondence regarding this application. \*23650\*

PATENT TRADEMARK OFFICE

Attorney Docket No.: 6248.200-US

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Andersen

Application No.: 10/068,224

Group Art Unit: 3728

Filed: February 5, 2002

Examiner: FOSTER, J.

For: COMPOSITIONS FOR IVF

AMENDMENT AFTER FINAL

RECEIVED CENTRAL FAX CENTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 DEC 2 1 2004

Dear Sir:

In response to the Office Action dated February 18, 2004, please amend the abovecaptioned application and consider the provided remarks as follows:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

**Remarks** concerning the Office Action and the claim amendments begin on page 5 of this paper.